

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York


AND TO: Chewton Capital Ltd.

Chewton Capital Ltd., a company incorporated under the laws of the Cayman Islands, having offices located at c/o Walkers SPV Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands ("Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **JPMorgan Chase Bank, N.A.**, with offices located at c/o J.P. Morgan Securities LLC, Mail Code: NY1-M138, 383 Madison Avenue, Floor 37, New York, New York 10179, ATTN: Jeffrey L. Panzo ("Buyer"), all right, title and interest in and to the claims of Seller against LEHMAN BROTHERS HOLDINGS INC. (and its affiliates) in the amount of \$5,250,000, docketed as Claim No. 67557 (the "Claim") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13555 (JMP) (jointly administered).

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

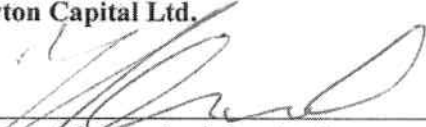
IN WITNESS WHEREOF, dated as of the 25 day of June, 2012.

WITNESS:


(Signature)

Name: Christina McLean
Title: Senior Administrator
(Print name and title of witness)

Chewton Capital Ltd.

By: 
(Signature of authorized signatory)


Name: Jon Herrick
Title: Director
Tel.: _____

WITNESS:


(Signature)

Name: Christopher Jorczyk
Title: _____
(Print name and title of witness)

JPMorgan Chase Bank, N.A.

By: 
(Signature of authorized signatory)

Name: Peter Schoepe
Title: Authorized Signatory
Tel.: _____

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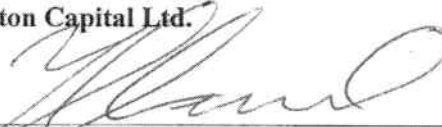
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(Print name and title of witness)

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Tel.: _____

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